

## INSTRUCTIONS - ACUTE CARE REPORT FORM

DMH 943E 1207A R12/09/02

### CHILDREN & ADOLESCENTS NOT ADMITTED TO LICENSED INPATIENT ACUTE CARE

This form is posted at <http://www.dmhmrzas.virginia.gov/forms.asp?office=4> on the DMHMRSAS web site. It can be completed on line and then printed out for faxing or mailing, but it cannot be saved. **Due to inclusion of specific client identifying information, the Health Insurance Portability and Accountability Act (HIPAA) regulations prohibit electronic submission of this form to DMHMRSAS.** Date of birth and the last 4 digits of SSN are needed to ensure that data is not duplicative.

**When to Complete and Submit a Form:** A form **must be completed** whenever a child or adolescent requires admission to an inpatient acute care facility but admission is **not obtained within 8 hours from the time the request was initiated**. The form should be **submitted** to DMHMRSAS as soon as possible after the end of the 8-hour period. All forms should be submitted to DMHMRSAS by the 10<sup>th</sup> day after the end of the quarter:

**October 10** for the quarter ending September 30

**January 10** for the quarter ending December 31

**April 10** for the quarter ending March 31

**July 10** for the quarter ending June 30

Any information received after the cutoff date will be included in subsequent quarterly reports.

**Note:** Data collection is for requests that were initiated on or after July 1, 2002.

Enabling legislation, §2.25206.15 and § 37.1-197.2 of the *Code of Virginia*, does not specify an ending date for this legislative requirement.

**Person(s) Responsible for Completion of Form:** It is the responsibility of each CPMT and each CSB to develop local procedures for completing and submitting forms to DMHMRSAS. CSBs and CPMTs must ensure that accurate information is submitted for each jurisdiction. If a child for whom a form is being completed is served by both the CSB and the CPMT (or by more than one CPMT agency), the agencies should coordinate so that only one form is submitted to DMHMRSAS. There are no restrictions on which agency staff may submit the forms.

**List of Inpatient Acute Care Facilities:** The statutory language refers to collection of data on inpatient acute care facilities that are licensed by DMHMRSAS. A blank space is provided on the form for filling in the name of an inpatient acute care facility that, in the future, becomes **licensed by DMHMRSAS**. Please note: DMHMRSAS does not license out of state facilities.

**Facilities to Check:** Check all facilities to which admission was requested during the 8-hour period. If facilities are contacted after the 8-hour time period has passed, they should not be checked and information regarding those facilities should not be included.

**Comments:** Use the Comment box in section IV of the form, if needed, to clarify information and/or to describe types of services needed but not available at the facilities that were contacted. Use a second page if additional room is needed.

**Technical Assistance:** For technical assistance, please contact Camille Harris, Child & Adolescent Program Specialist, Child & Adolescent Services, Office of Mental Health Services at (804) 225-2261 or [charris@dmhmrsas.state.va.us](mailto:charris@dmhmrsas.state.va.us). If Ms. Harris is unavailable, please contact Pamela Fitzgerald Cooper, Director, Child & Adolescent Services, Office of Mental Health Services, at (804) 371-2177 or [pcooper@dmhmrsas.state.va.us](mailto:pcooper@dmhmrsas.state.va.us).

**Please submit completed forms by fax or mail:**

**FAX: (804) 786-0918 (preferred method of submission)**

**Or Mail to:** DMHMRSAS, Office of Mental Health Services, Child & Adolescent Services

1220 Bank Street, P.O. Box 1797, Richmond, VA 23218-1797